

09331

**Alaska Department of Revenue**  
**Permanent Fund Dividend Division**  
**UA College Savings Plan**

PFD Division Use Only

Use this form to **Add or Withdraw** a UA College Savings Plan selection on the Permanent Fund Dividend (PFD) application. The PFD Division will apply this addition or withdrawal to current year records or any prior year records that have not been paid or closed. Attach a letter if for prior year dividends. Adult applicants, a child's sponsor and authorized adults (POA) must sign the request.

Check the appropriate box:

☐

Add

☐

Withdraw

**Apply the UA Savings Plan change request for each individual listed below:**

|            |    |           |                        |                          |
|------------|----|-----------|------------------------|--------------------------|
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |
| First Name | MI | Last Name | Social Security Number | Date of Birth (MM/DD/YY) |

I certify that I am authorized to add or withdraw from the UA College Savings Plan selection of the person(s) listed above. **If I did not file for the person(s) listed above or if I did not sponsor a child listed above, I must attach a Power of Attorney. Unauthorized requests will not be processed.**

|  |                                       |                        |                          |
|--|---------------------------------------|------------------------|--------------------------|
| <b>SIGNATURE IS<br/>REQUIRED FOR<br/>ALL ADULTS<br/>AND CHILD<br/>SPONSORS</b> | Adult Signature                       | Date                   | Daytime Telephone Number |
|  | Printed name of the person who signed | Social Security Number | Date of Birth            |
|  | Adult Signature                       | Date                   | Daytime Telephone Number |
|  | Printed name of the person who signed | Social Security Number | Date of Birth            |

Send this completed form to:

**Permanent Fund Dividend Division**  
**PO Box 110462**  
**Juneau, AK 99811-0462**

**Phone (907) 465-2326**  
**Fax (907) 465-3470**

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